



Sanitation Department

Billing Office

Two North Madison, Greenwood, Indiana 46142
Telephone (317) 887-5232. Fax (317) 887-5718

APPLICATION FOR RESIDENTIAL SERVICE
ALL INFORMATION MUST BE COMPLETED

Date: _____

Please print:

Applicant Name: _____ Date of Birth: _____

S.S. #: _____

Home Phone: _____ Drivers Lic #: _____

Employer: _____ Work Phone: _____

Spouse/Other Name: _____ Date of Birth: _____

Employer: _____ S.S. #: _____

Drivers Lic #: _____

Work Phone: _____

Have you ever had service with Greenwood Sanitation? Yes No

If yes, what was the previous address? _____

Service address: _____ Lot #: _____

Subdivision _____

Possession Date: _____ Number of occupants living in the household: _____

Mortgage ____ Contract ____ Rent ____ Other ____

Name of Landlord/Mortgage Company: _____

Address: _____

Name of Relative not living with you: _____

Address: _____

Phone #: _____ Relationship: _____

IF BILL IS TO BE MAILED TO ANOTHER ADDRESS, LIST BELOW:

By signing below, I verify that the above information is correct to the best of my knowledge:

Signature

Office Use Only

Account Number: _____ Trash Information Pamphlet _____ Ach Form _____

Read Date _____ Reading _____ Bargsville Account Number _____